For FY 2006  Presspursyant to the Consolidated Appropriations Act. 2005 (H.R. 4818).  For FY 2006				Complete if Known					
				Application	Application Number		09/214,701		
				Filing Date		September 30, 1999			
				<u> </u>	First Named Inventor		George H. Lowell		
				Examiner Name		Jeffrey S. Parkin, Ph.D.			
Applied it claims small entity status. See 37 CFR 1.27				Art Unit		1648			
TOTAL AMOUNT				Attorney Do	cket No.	484112.408	USPC		
METHOD OF PAYI									
ب ب	_	Money Ord		(please identif	•				
Deposit Account	•		nber: <u>19-1090</u>	Deposit Acco				LLC	
	•		the Director is h					a filima faa	
. = -	e(s) indicated			☐ Charge fee( Ⅺ Charge any					
	ny additional fe inder 37 CFR	• •	• •	M Charge any	underpayn	nents or crear	, any ove	apayments	
					thingt to a	ourobargo \			
FEE CALCULATIO  1. BASIC FILING,				g or may be st	abject to a	Surcharge.)			
1. BASIC FILING,	SEARCH, AN	DEVAIMINA			ΕΥΔΜ	INATION			
	FILING FEES SEARC					EES			
		Small En	tit.	Small Entity		<u>Small</u>			
		Siliali Eli	uty		L	<b>Entity</b>			
Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee</u>	es Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIN	FEES							<b>Small Entity</b>	
Fee Description						<u>!</u>	Fee (\$)	<u>Fee (\$)</u>	
Each claim over 20 (				50	25				
Each independent cl				200	100				
Multiple dependent of				360	180				
Total Claims	Extra Cla	laims Fee (\$)		Fee Paid (\$)		Multiple Dependent Claims		dent Claims	
13 -20 or HI	o = 0	X	=	·		<u>Fee (\$)</u>	<u>F</u>	ee Paid (\$)	
HP = highest numb	er of total clain	ns paid for, i	f greater than 20	).					
Indep. Claims	Extra Cl	<u>aims</u>	Fee (\$)	ee (\$) Fee Paid (					
<u>1</u> -3 or HF	' = <u>0</u>	Х	=						
HP = highest numb	er of independ	ent claims p	aid for, if greater	than 3.					
3. APPLICATION	SIZE FEE								
If the specification a	and drawings e	xceed 100 s	heets of paper (	excluding elec	tronically file	ed sequence	or compl	uter listings	
under 37 CFR 1.52				125 for small e	ntity) for ea	ch additional :	50 sheets	s or fraction	
thereof. See 35 U.S		•	-	additional 50 a	or fraction (	thereof Ec	a /¢\	Foo Paid (¢)	
Total Sheets	Extra She		ımber of each a	-			<u>e (\$)</u>	Fee Paid (\$)	
	<del></del>	/50 =	(round u	p to a whole nu	imber)	х		Eoos Baid (f)	
4. OTHER FEE(S)								Fees Paid (\$)	
Non-English Specifi		,	•	: (O)				4.020	
Other (e.g., late filin			r Extension of I	ime (3 mos)				<u>1,020</u>	
Request fo	or Continued E	xamination						<u>790</u>	
				····					
SUBMITTED BY			A Dog	istration No.				<del></del>	
Signature			(Atto	orney/Agent)	48,903	Telephone	e 206-622-4900		
Name (Print/Type)						Date	Novem	ber 22, 2006	